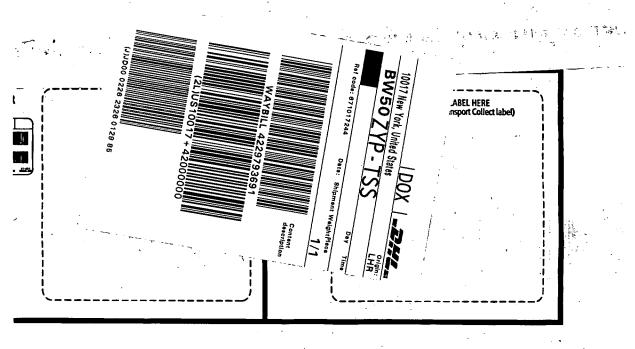
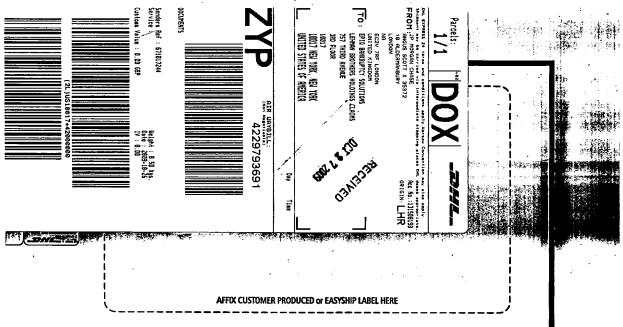
## EXHIBIT C

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076			LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re:	Holdings Inc., et	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Lehman Broth	uthern District of New York ers Holdings Inc., Et Al. 13555 (JMP) 0000049690
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <a href="http://www.lehman-docket.com">http://www.lehman-docket.com</a> as of July 17, 2009				
Creditor) - 0	MORGAN	name and address where notices should be SECURITIES LTD		Check this box to indicate that this claim amends a previously filed claim.
125	LONDON	WALL LONDON ECZ	C 4 2 4	Court Claim Number:(If known)
44 207 325 Telephone numbe	er.	LON_EQU_CORPORATE_AC Email Address: JPMOR	TIONS Q RAN. COM	Filed on:
Name and addres	s where payment s	should be sent (if different from above)		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone numbe	er:	Email Address:		₹ elektromes in the
1. Provide the total amount of your claim based on Lehman Programs Securities of Your claim amount must be the amount owed-under your Lehman Programs. Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated-before or after September 15, 2008. The claim amount must be stated in United States and whether such claim applicable on September 15, 2008. If you are filling this claim with respect to more than one Lehman Programs Security: In a such a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.  Amount of Claim: S 1, 274, 676.12 (Required)  (Required)				
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.				
Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:  6054532  (Required)				
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.  Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:  (Required)				
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you  FOR COURT USE ONLY				
consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.				
Date. 23 OCT	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  RM HOME - MCHAW HAME - OFFICE OF BANK PICTY SOLUTIONS, LLC			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571				





**\SE PLACE AIR WAYBILL IN POUCH WITH THE BAR CODE AT THE TOP**